2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2007 08:00 AM
Secretary of State

DOCUMENT # N04236

1. Entity Name
ISLAND BREEZE OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
104 WILD RIDGE TROY, AL 36079 US	104 WILD RIDGE TROY, AL 36079 US

01032007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
58-1635013
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SHERWOOD, JACK
4913 HISPANIOLA DR
BOX 7, UNIT NO 1
PANAMA CITY BEACH, FL 32408

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

000000578997
01/09/07-80051-019 61.25

10. OFFICERS AND DIRECTORS

TITLE	STD
NAME	SHERWOOD, JACK
STREET ADDRESS	104 WILD RIDGE
CITY-ST-ZIP	TROY, AL 36079
TITLE	PD
NAME	TULIS, MARTIN
STREET ADDRESS	1314 COUNCIL BLUFF DRIVE
CITY-ST-ZIP	ATLANTA, GA 30345
TITLE	VD
NAME	KIMSEY, NORRIS
STREET ADDRESS	1300 APRIL DR
CITY-ST-ZIP	EVANSVILLE, IN
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Jack Sherwood 1-4-07 334-670-9771
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #